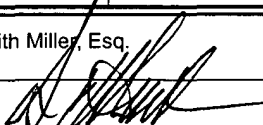


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. 4041J-000749	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		First Inventor Makoto IKEGAMI et al	
		Title Ejector Cycle Having Compressor	
<small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>		Express Mail Label No. EL 623 486 940 US	
<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		<b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 25] (preferred arrangement set forth below) - Descriptive title of the Invention <input checked="" type="checkbox"/> Specification - Cross References to Related Applications filed in English - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9] 5. Oath or Declaration [Total Pages ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____ / ____ Prior application information: Examiner: ____ Group / Art Unit: ____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>17. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		27572	
		<small>(Insert Customer No. or Attach bar code label here)</small>	
or <input type="checkbox"/> Correspondence address below			
Name Harness, Dickey & Pierce, P.L.C.			
Address P.O. Box 828			
City Bloomfield Hills		State MI	
Country United States of America		Zip Code 48303	
Telephone 248-641-1600		Fax 248-641-0270	
Name (Print/Type) H. Keith Miller, Esq.		Registration No. (Attorney/Agent) 22,484	
Signature 		Date July 25, 2003	

17575 U.S. PTO  
10/627109  
07/25/03

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	unassigned yet
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 750		Filing Date	July 25, 2003
		First Named Inventor	Makoto IKEGAMI et al
		Examiner Name	
		Group / Art Unit	
		Attorney Docket No.	4041J-000749

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check                   <input type="checkbox"/> Credit card                   <input type="checkbox"/> Money Order                   <input type="checkbox"/> Other                   <input type="checkbox"/> None             </p> <p> <input type="checkbox"/> Deposit Account:             </p> <div style="margin-top: 10px;">                 Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">08-0750</span> </div> <div style="margin-top: 10px;">                 Deposit Account Name: <span style="border: 1px solid black; padding: 2px 50px;">Harness, Dickey &amp; Pierce, P.L.C.</span> </div> <p style="font-size: small;"> <b>The Commissioner is authorized to: (check all that apply)</b>  <input type="checkbox"/> Charge fee(s) indicated below                   <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.             </p>					<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																																
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unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,300</td> <td>2453</td> <td>650</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,300</td> <td>2501</td> <td>650</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>470</td> <td>2502</td> <td>235</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>630</td> <td>2503</td> <td>315</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>750</td> <td>2809</td> <td>375</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>750</td> <td>2810</td> <td>375</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>750</td> <td>2801</td> <td>375</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6" style="padding-top: 10px;">                 Other fee (specify) _____             </td> </tr> <tr> <td colspan="5" style="text-align: right;"> <b>SUBTOTAL (3)</b> </td> <td style="text-align: center;">(\$ 0)</td> </tr> </tbody> </table>					Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	Surcharge - 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<p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; font-size: x-small;"> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>-20 **</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">3</td> <td>-3 **</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: center;">(\$ 0)</td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see above</p>					Total Claims	3	-20 **	=	0	X	0	=	0	Independent Claims	3	-3 **	=	0	X	0	=	0	Multiple Dependent				0	X	0	=	0	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$ 0)																																																																																																																																																																								
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<p><b>SUBMITTED BY</b></p>			<p><b>Complete (if applicable)</b></p>		
Name (Print/Type)	H. Keith Miller, Esq.	Registration No. Attorney/Agent)	22,484	Telephone	248-641-1600
Signature				Date	July 25, 2003

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